

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6507 63-026294
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN McCune	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS Local Post Office	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) ANTON. RAUNIKER			4. DATE OF DEATH Month June Day 19 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/1908	9. AGE (last birthday) 55 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.		11. BIRTHPLACE (City and state or country) Cherokee, Kansas	
12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Anton Rauniker			13b. MOTHER'S MAIDEN NAME Katie Yelniko		
14. NAME OF HUSBAND OR WIFE Mary Rauniker					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mrs. Mary Rauniker, Local Post Office			Address McCune, Kansas		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 3 min.
DUE TO (b) Post-op colon transplant to esophagus		3 weeks
DUE TO (c) Iye stricture of esophagus		1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 961X-14		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Swallowed a caustic acid about a year ago by accident.	
20c. TIME OF INJURY May 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION St. Louis
21. I attended the deceased from May 18, 1963 to June 19, 1963 and last saw her alive on June 19, 1963		21. Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE FR Bradley M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 6-19-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor	23b. DATE 6/19/63	23c. NAME OF CEMETERY OR CREMATORY McCune Cemetery	23d. LOCATION (City, town, or county) (State) McCune, Kansas.
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Bld.		25. DATE RECD. BY LOCAL REG. JUN 20 1963	
26. REGISTRAR'S SIGNATURE Boad Smith. M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JUN 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert E. Muhlman

Licensed Embalmer No.

4916

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.